

SBA PRE-QUALIFICATION LOAN APPLICATION

SBA OFFICE USE ONLY: DATE RECEIVED:

CID NUMBER:

Legal Name of Business:				Tax ID #:			
Address of Business:							
Business Phone #:				Date Business Established:			
Legal Structure: ___ Proprietorship ___ Partnership ___ Corporation							
Standard Industrial Classification #:				Numbers of Existing Employees:			
Describe History of Business: (If NEW business, submit copy of Business Plan)							
Describe Business Operations:							
Is Business engaged in export trade? Yes ___ No ___ Do you intend to begin exporting as result of this loan? Yes ___ No ___							
OWNERS/MANAGEMENT (proprietors, partners and shareholder) *							
Name	SS No.	% Owned	Sex	Military Service Y/N: From: To:			Race
TOTAL		100.0%					

* Personal financial statements must be submitted by all owners of 20% or more.

- a. Do any above individuals or groups of above individuals who hold ownership or management control of the applicant firm also have ownership or management control of any other business operations?
 ___ Yes* ___ No
 *If yes, please list each entity: _____

- b. Do any of the above individuals have personal unpledged liquid assets in excess of \$50,000 or 25% of the requested loan amount (whichever is greater)(excluding IRA's, CV Life Insurance, savings for education)?
 ___ Yes* ___ No
 *If yes, list each individual: _____

- c. Are any of the above individuals (a) presently under indictment, on parole or probation or (b) have they ever been charged with or arrested or convicted of any criminal offense other than a vehicle violation?
 ___ Yes* ___ No
 *If yes, the loan request must be submitted under the regular 7(a) loan program.

- d. Have any above individuals, the applicant firm or affiliates (a) been involved in bankruptcy or insolvency proceedings or (b) have pending personal or business judgements, unsettled lawsuits or major disputes?
 ___ Yes* ___ No
 *If yes, the loan request must be submitted under the 7(a) regular loan program.

- e. Do you or any member of your household, or anyone who owns, manages, or directs your business or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or the participating lender? ___ Yes* ___ No
 *If yes, the loan request must be submitted under the 7 (a) regular loan program.

f. U.S. Citizen? ☐ Yes ☐ No*
*If no, include a copy of Alien Registration Card (Form I 151 or 551). Alien Registration #: _____

PREVIOUS SBA OR OTHER GOVERNMENT FINANCING
(Requested or obtained by principals, applicant firm or affiliates)

Name of Agency	Declined or Approved	Date of Request	\$ Amount	Loan Balance	Current or Past Due
			\$	\$	
			\$	\$	
			\$	\$	

CREDIT HISTORY

Credit Reports Obtained For:	Type of Report	Credit Rating	Comments:
Applicant			
Principal:			
Principal:			
Principal:			
Other:			

PROPOSED USES AND SOURCES OF FUNDS

USES		SOURCES	
Working Capital	\$	SBA/Bank (requested loan amount)	\$
Inventory	\$	Equity/Injection ⁴	\$
Machinery & Equipment	\$		
Furniture & Fixtures	\$	Seller Financing	\$
Real Estate ¹ (purchase, construction, etc.)	\$	Other:	\$
Purchase an Existing Business ²	\$	Other:	\$
Debt Refinance ³ (incl. in listing, below)	\$	Other:	\$
TOTAL USES:	\$	TOTAL SOURCES:	\$
Proposed SBA/Bank Maturity		Proposed SBA/Bank Interest Rate	

1 If financing Real Estate, who or what entity will hold title: _____

If other than the applicant firm, list ownership of real estate: _____

2 Purchase price = \$ _____; Stock or asset purchase: _____

3 If refinancing debts, state benefit to applicant firm: _____

4. State the source of the injection: _____

BUSINESS INDEBTEDNESS: on all existing business debts, contracts, notes and mortgages payable.
(Indicate by an (*) items to be paid w/ loan proceeds.)

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Secured by	Current or Past Due
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
Total			\$		Total	\$		

Financial statements are: Internal Acc't. Compiled Reviewed Audited

BALANCE SHEET INFORMATION: (Dollars in Thousands)		Last FYE Date: ____	Interim Date: ____	Debit	Credit	Proforma	
ASSETS:							
	Cash	\$	\$			\$	
	Accounts Rec.	\$	\$			\$	
	Inventory	\$	\$			\$	
	Other	\$	\$			\$	
TOTAL CURRENT ASSETS		\$	\$			\$	
FIXED ASSETS		\$	\$			\$	
OTHER ASSETS		\$	\$			\$	
TOTAL ASSETS		\$	\$			\$	
LIABILITIES & NET WORTH:							
	Accounts Payable	\$	\$			\$	
	Notes Payable	\$	\$			\$	
	Taxes	\$	\$			\$	
	Other	\$	\$			\$	
	SBA	\$	\$			\$	
TOTAL CURRENT LIABILITIES:							
	Notes Payable	\$	\$			\$	
	SBA	\$	\$			\$	
	Other						
TOTAL LIABILITIES		\$	\$			\$	
NET WORTH		\$	\$			\$	
TOTAL LIABILITIES AND NET WORTH		\$	\$			\$	
PROFORMA RATIO INFORMATION:		Applicant		RMA			
Proforma Working Capital		\$		XXXXXXXXXXXX			
Proforma Current Ratio							
Proforma Quick Ratio							
Accounts Receivable Turnover (in days)							
Inventory Turnover (in days)							
Proforma Debt to Worth Ratio							
HISTORICAL & PROJECTED CASHFLOW FOR REPAYMENT INFORMATION							
	(Dollars in Thousands)	Prior Fiscal Year 19____	Prior Fiscal Year 19____	Most Recent Fiscal Year 19____	Interim mos.	RMA	Projection
a	Revenues	\$ 100%	\$ 100%	\$ 100%	\$ 100%	100%	\$ 100%
b	Gross Profit	\$ ____%	\$ ____%	\$ ____%	\$ ____%		\$ ____%
c	Interest Expense	\$ ____%	\$ ____%	\$ ____%	\$ ____%		\$ ____%
d	Owner Withdraw	\$ ____%	\$ ____%	\$ ____%	\$ ____%		\$ ____%
e	Net Income (Aft w/d, dvds, txs)	\$ ____%	\$ ____%	\$ ____%	\$ ____%		\$ ____%
f	Depreciation	\$ ____%	\$ ____%	\$ ____%	\$ ____%		\$ ____%
g	Cash Flow (c+e+f)	\$	\$	\$	\$	XXX	\$
h	Rent Expense Saved (if applicable)	\$	\$	\$	\$	XXX	\$
i	Other Expense Saved (explain)	\$	\$	\$	\$	XXX	\$
i	Cashflow for Debt Service (g+h+i)	\$	\$	\$	\$	XXX	\$
k	Existing Debt Service (Prin. & Int.)	\$	\$	\$	\$	XXX	\$
l	New Debt Service (Prin. & Int.)	\$	\$	\$	\$	XXX	\$
m	Total Debt Service (k+l)	\$	\$	\$	\$	XXX	\$
n	Debt Coverage Ratio (i÷m)					XXX	

Combined Household Income:\$ _____ Number in Household: _____
 Other Sources of Income:\$ _____ Withdrawals:\$ _____

COLLATERAL SUMMARY	Cost	Market Value	Prior liens
Land and Buildings			
Machinery & Equipment			
Furniture and Fixtures			
Accounts Receivable			
Inventory			
Other:			
TOTAL			
Evaluation by:		Date:	
Total Cost or Appraised Value		XXXXXX	
Less: Prior Liens		XXXXXX	
= Net Collateral Value		XXXXXX	
COVERAGE RATIO: (net collateral value ÷ loan amount)		XXXXXX	

Is firm considered a frequently polluting industry? _____ Yes* _____ No

*If yes, Phase I must be completed and submitted in the private sector lender's loan package.

OTHER PERTINENT INFORMATION:
MANAGEMENT EXPERIENCE/BACKGROUND (Describe key management/owner's education & business experience)

CERTIFICATIONS OF APPLICANT AND INTERMEDIARY

I hereby certify that all information contained in this document and attachments is true and correct to the best of my knowledge. If you knowingly make a false statement or overvalue a security to obtain a guaranteed loan from SBA you can be fined up to \$10,000 or imprisoned for not more than five years or both under 18 USC 1001.

IF A PROPRIETOR OR GENERAL PARTNER, SIGN HERE:

By: _____ Title: _____ Date: _____

 Address: _____

IF A CORPORATION, SIGN HERE:

Corporate Name: _____
 By: _____ Title: _____ Date: _____

 Attested by: _____
 Signature of Corporate Secretary

INTERMEDIARY: _____

By: _____

Title: _____

Date: _____